

Missouri Department of Health and Senior Services
Child and Adult Care Food Program

CNPWeb Application Renewal Instructions 2016

The Missouri Department of Health and Senior Services – Bureau of Community Food and Nutrition Assistance (MDHSS-BCFNA) have activated FY 2016 in the Child and Adult Care Food Program (CACFP) web-based system. Some information from your FY 2015 application is automatically imported into the FY 2016 renewal application. **You must enter other information.** Follow these instructions carefully to submit your 2016 application renewal. Most fields are self-explanatory. Refer to pages 14 and 15 for an explanation of certain fields.

Basic Renewal Steps

1. Log in at <https://dhssweb04.dhss.mo.gov/cnp>. Read the information presented on the Welcome page and click on Continue at the bottom of the page. Choose 2016 under the Program Year column.

Missouri Dept. of Health and Senior Services
Community Food and Nutrition Assistance

CACFP
Child and Adult Care Food Program

Applications Maintenance Resources

Home > Select Year

Program Year: 0 Sponsor: 2293-1 Example Private - For Profit Child Care

| Program Year | Program Begin Date | Program End Date |
|----------------------|--------------------|--------------------|
| 2006 | October 1, 2005 | September 30, 2006 |
| 2007 | October 1, 2006 | September 30, 2007 |
| 2008 | October 1, 2007 | September 30, 2008 |
| 2009 | October 1, 2008 | September 30, 2009 |
| 2010 | October 1, 2009 | September 30, 2010 |
| 2011 | October 1, 2010 | September 30, 2011 |
| 2012 | October 1, 2011 | September 30, 2012 |
| 2016 | October 1, 2012 | September 30, 2013 |

2. The Sponsor Summary will appear. Click on the Applications tab.
3. The Sponsor Info Sheet is listed with the option to Add in the Action column. Click Add to open the Sponsor Information Sheet.

↓ Bottom of Form

Sponsor Summary

1 Example Private - For Profit Child Care (2293)

| Packet | Applications | Claims | Payments | Users |
|--------------------|--|----------------------|----------|---------------------|
| Form Name | | Revision | Status | Date Approved |
| Sponsor Info Sheet | | No Information Sheet | | Add |
| Center Info Sheet | | | | |
| 2293-1 | 1 Example Private - For Profit Child Care Center | No Information Sheet | | |

4. Complete all blank fields and review and update fields that carried forward from 2014.

CACFP Missouri Department of Health & Senior Services

Sponsor Information Sheet

1 Example Private - For Profit Child Care (2293)

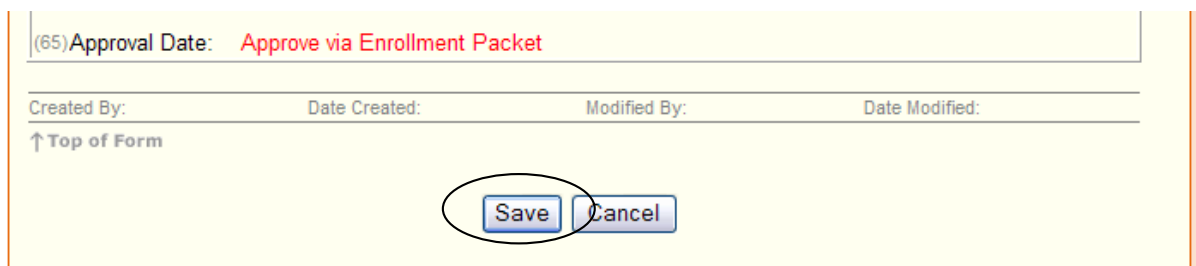
2015-2016 Program Year
Not Submitted to State
Renewal Application

↓ Bottom of Form

| Mailing Address | | | | Street Address | | | |
|--|--|---------------|------------------------------------|----------------|--|----------------|------------------------------------|
| (1) Addr1: | <input type="text" value="123 Some Street"/> | | | (6) Addr1: | <input type="text" value="123 Some Street"/> | | |
| (2) Addr2: | <input type="text"/> | | | (7) Addr2: | <input type="text"/> | | |
| (3) City: | <input type="text" value="Some City"/> | | | (8) City: | <input type="text" value="Some City"/> | | |
| (4) State: | <input type="text" value="MO"/> | (5) Zip Code: | <input type="text" value="65432"/> | (9) State: | <input type="text" value="MO"/> | (10) Zip Code: | <input type="text" value="65432"/> |
| <input checked="" type="checkbox"/> Check here to copy Mailing Address to Street Address | | | | | | | |

| Authorized Representative | | | | Food Program Contact | | | |
|--|--|--------------------------------------|---------------------------------------|------------------------|--|--------------------------------------|---------------------------------------|
| | First | MI | Last | | First | MI | Last |
| (11)Name: | <input type="text" value="Ms."/> | <input type="text" value="Imagood"/> | <input type="text" value="Director"/> | (19)Name: | <input type="text" value="Ms."/> | <input type="text" value="Imagood"/> | <input type="text" value="Director"/> |
| (12)Title: | <input type="text" value="Owner"/> | | | (20)Title: | <input type="text" value="Owner"/> | | |
| (13)E-mail: | <input type="text" value="imagoodd@123net.com"/> | | | (21)E-mail: | <input type="text" value="imagoodd@123net.com"/> | | |
| (14)Phone: | <input type="text" value="573-123-4567"/> | (15) Ext: | <input type="text"/> | (22)Phone: | <input type="text" value="573-123-4567"/> | (23) Ext: | <input type="text"/> |
| (16)Fax: | <input type="text" value="573-123-4568"/> | (17) Ext: | <input type="text"/> | (24)Fax: | <input type="text" value="573-123-4568"/> | (25) Ext: | <input type="text"/> |
| (18)Contact's Address: | <input type="text"/> | | | (26)Contact's Address: | <input type="text"/> | | |
| <input checked="" type="checkbox"/> Check here to copy Authorized Representative to Food Program Contact | | | | | | | |

5. Click Save at the bottom of the page.



(65) Approval Date: Approve via Enrollment Packet

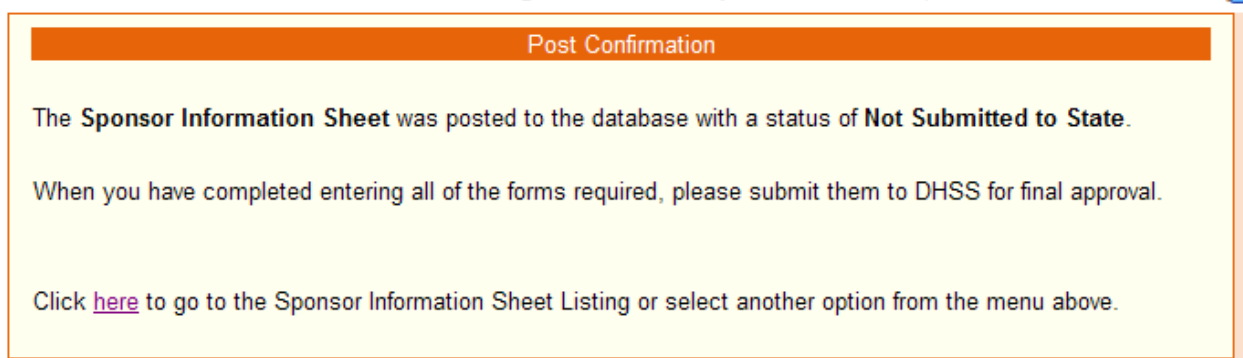
Created By: Date Created: Modified By: Date Modified:

[↑ Top of Form](#)

[Save](#) [Cancel](#)

If error messages appear, refer to steps 23 thru 25. Make needed corrections until the following screen appears when Save is clicked. The Sponsor Information Sheet is in Pending Submission status, but is “Not Submitted to State.”

6. Click here to return to the Sponsor Summary – Application tab.



Post Confirmation

The **Sponsor Information Sheet** was posted to the database with a status of **Not Submitted to State**.

When you have completed entering all of the forms required, please submit them to DHSS for final approval.

Click [here](#) to go to the Sponsor Information Sheet Listing or select another option from the menu above.

7. Click Add in the Action column for the first center in the Center Info Sheet section.

↓ Bottom of Form

Sponsor Summary

1 Example Private - For Profit Child Care (2293)

| Packet | Applications | Claims | Payments | Users |
|--------------------|--|------------------------|---------------|--|
| Form Name | Revision | Status | Date Approved | Action |
| Sponsor Info Sheet | 0 | Not Submitted to State | | View Edit Delete |
| Sponsor Budget | No Budget Sheet | | | Add |
| Center Info Sheet | | | | |
| 2293-1 | 1 Example Private - For Profit Child Care Center | No Information Sheet | | Add |

↑ Top of Form

8. Choose appropriate type of center to open the Center Information Sheet.
NOTE: This should default to Program Type from previous year, so you will likely not see this. IF you do see this option and have questions, please contact our office at 800-733-6251.

Center Information Sheet

Site: 1 Example Private - For Profit Child Care Center (2293-1) Sponsor: 1 Example Private - For Profit Child Care (2293)

| Program Types | Revision Number | Date Created | Date Approved | Status |
|---|-----------------|--------------|---------------|--------|
| Adult Care Center | | | | |
| Child Care Center | | | | |
| Head Start Center | | | | |
| Outside School Hours Center | | | | |
| Homeless Shelter Center | | | | |
| At Risk After School Center | | | | |

9. Review the fields that are automatically populated from the previous year's application renewal for accuracy. Make changes as needed. Complete the remainder of fields.

CACFP Missouri Department of Health & Senior Services

Center Information Sheet ...

1 Example Private - For Profit Child Care (2293)

2014-2015 Program Year
 Not Submitted to State
 Renewal Application

↓ Bottom of Form

| Mailing Address | | Street Address | |
|-----------------|---------------|----------------|---------------|
| (1) Addr1: | 12 Buklemishu | (6) Addr1: | 12 Buklemishu |
| (2) Addr2: | | (7) Addr2: | |
| (3) City: | Shoeville | (8) City: | Shoeville |
| (4) State: | MO | (9) State: | MO |
| (5) Zip Code: | 55555 | (10) Zip Code: | 55555 |
| | | (11) County: | Cole |

10. **Note:** Please read Item (55) carefully. If you do serve meals on holidays select YES. If you select YES *THEN* identify which of the listed holidays on which you serve meals. Do this by clicking inside the box next to that particular holiday.

(55) Do you Serve Meals on Holidays? ☒ Yes ☐ No (If "Yes", Check all that apply)

| | | | |
|--|--|--|--|
| <input type="checkbox"/> New Years | <input checked="" type="checkbox"/> Presidents Day | <input checked="" type="checkbox"/> Martin Luther King | <input checked="" type="checkbox"/> Columbus Day |
| <input checked="" type="checkbox"/> Election Day | <input checked="" type="checkbox"/> Veterans Day | <input type="checkbox"/> Memorial Day | <input type="checkbox"/> Labor Day |
| <input type="checkbox"/> Independence Day | <input type="checkbox"/> Easter | <input type="checkbox"/> Thanksgiving | <input type="checkbox"/> Christmas |
| <input type="checkbox"/> Other | <input type="text"/> | | |

11. Click Save at the bottom of the page.

Created By: _____ Date Created: _____ Modified By: _____ Date Modified: _____

↑ Top of Form

If error messages appear, refer to step 25 thru 27. Make needed corrections until the following screen appears when save is clicked. The Center Information Sheet is in Pending Submission status, but is "Not Submitted to State."

12. Click here to return to the Sponsor Summary – Application tab.

Post Confirmation

The Center Information Sheet was posted to the database with a status of **Not Submitted to State**.

When you have completed entering all of the forms required, please submit them to DHSS for final approval.

Click [here](#) to go to the Center Information Sheet Listing or select another option from the menu above.

13. ****If you are a sponsor of multiple sites, repeat steps 7-11 for each site****

14. **NEW!** Business Management Assessment (BMA)

CACFP Missouri Department of Health & Senior Services

Center Information Sheet ...

1 Example Private - For Profit Child Care (2293)

2014-2015 Program Year
Not Submitted to State
Renewal Application

↓ Bottom of Form

| | | | |
|--------------------------------|-----------------------------------|------------------------|--|
| Sponsor Info Sheet | 0 | Not Submitted to State | View Edit Delete |
| Sponsor Budget | No Budget Sheet | | Add |
| Sponsor Management Plan | No Management Plan | | Add |
| Business Management Assessment | No Business Management Assessment | | Add |

After the Sponsor Info Sheet has been completed, an Add will appear next to Business Management Assessment (BMA). Click Add to begin filling out the BMA.

NOTE! For-Profit and Not-For-Profit Corporations

On the Business Management Assessment, questions 29-32 are exclusively for **CORPORATIONS** – both for-profit and not-for-profit corporations.

IF you are a corporation, answer the questions appropriately.

IF you are **NOT** a corporation, Answer NO to all questions 29-32 and then enter “NA” in the comments box. If you skip these questions, you will get errors when trying to submit them.

For an explanation of the questions go to [ToolTips](#).

Click [Here](#) for detailed instructions to complete the BMA.

For HELP or more information about why the BMA is now required, please go to the online [BMA HELP](#). If you have questions regarding the completion of the BMA form, you may contact the DHSS Division of Administration at **573-751-6104** or via email (preferred) at Monitoring@health.mo.gov.

NOTE: CFNA will not be able to assist you in the completion of the BMA. Our office will forward any calls or emails requesting assistance on completing the BMA to the Division of Administration.

15. If you are required to complete a budget, click Add under the Applications tab in the Sponsor Summary.

↓ Bottom of Form

Sponsor Summary

1 Example Private - For Profit Child Care (2293)

| Packet | | Applications | | Claims | Payments | Users |
|--------------------|--|-----------------|------------------------|---------------|--|-------|
| Form Name | | Revision | Status | Date Approved | Action | |
| Sponsor Info Sheet | | 0 | Not Submitted to State | | View Edit Delete | |
| Sponsor Budget | | No Budget Sheet | | | Add | |
| Center Info Sheet | | | | | | |
| 2293-1 - CCC | 1 Example Private - For Profit Child Care Center | 0 | Not Submitted to State | | Add View Edit Delete | |

↑ Top of Form

16. Verify the number of centers and enter the applicable information. When complete click on Save.

CACFP

Missouri Department of Health & Senior Services

Sponsor Budget Form

1 Example Private - For Profit Child Care (2293)

↓ Bottom of Form

2014-2015

Program Year
 Not Submitted to State
New Application

(1) **Number of Centers** 1

The purpose of this budget is for the organization to demonstrate financial viability and show the budget for food service expenses. A renewing sponsor must demonstrate that it has adequate financial resources to operate the CACFP on a daily basis, has adequate sources of funds to withstand temporary interruptions in Program payments and/or fiscal claims against the Institution. Costs in the renewing sponsor budget must be necessary, reasonable, allowable, and appropriately documented. This budget will not affect your reimbursement. The number of meals served and participants' classification in free, reduced, and paid categories determines the amount you receive from CACFP.

Income
 List ALL sources of annual and monthly amounts of cash or income received by your organization.

| Sources | Monthly Amount |
|--|---|
| (2) Day Care Fees (private pay) | \$ <input style="width: 80%;" type="text"/> |
| (3) Child Care Subsidy Money (DFS Funds-Title XX) | \$ <input style="width: 80%;" type="text"/> |
| (4) CACFP Reimbursement (estimated amount) | \$ <input style="width: 80%;" type="text"/> |
| (5) Funds received from the sale of meals to teachers, parents, visitors | \$ <input style="width: 80%;" type="text"/> |
| (6) Head Start Grants | \$ <input style="width: 80%;" type="text"/> |
| (7) Adult Care Subsidy Money (Title XIX (Social Security) | \$ <input style="width: 80%;" type="text"/> |
| (8) Grants | \$ <input style="width: 80%;" type="text"/> |

17. If you are required to complete a Management Plan, click Add under the Applications tab in the Sponsor Summary.

↓ Bottom of Form

Sponsor Summary

1 Example Private - For Profit Child Care (2293)

| Packet | Applications | Claims | Payments | Users |
|-------------------------|--|--|------------------------|--|
| Form Name | Revision | Status | Date Approved | Action |
| Sponsor Info Sheet | 0 | Not Submitted to State | | View Edit Delete |
| Sponsor Budget | 0 | Not Submitted to State | | View Edit Delete |
| Sponsor Management Plan | | No Management Plan Add | | |
| Center Info Sheet | | | | |
| 2293-1 - CCC | 1 Example Private - For Profit Child Care Center | 0 | Not Submitted to State | Add View Edit Delete |
| 2293-2 - CCC | Site No 2 | 0 | Not Submitted to State | Add View Edit Delete |

↑ Top of Form

18. Complete the management plan Check this box and click Save.

☐ Check here to submit this form to the State for Approval

Internal Use Only

(134) Approval Date:

[Save](#) [Cancel](#)

19. All items in Applications should now be in the Not Submitted to State status.

↓ Bottom of Form

Sponsor Summary

1 Example Private - For Profit Child Care (2293)

| Packet | Applications | Claims | Payments | Users |
|--------------------|--|------------------------|------------------------|--|
| Form Name | Revision | Status | Date Approved | Action |
| Sponsor Info Sheet | 0 | Not Submitted to State | | View Edit Delete |
| Sponsor Budget | 0 | Not Submitted to State | | View Edit Delete |
| Center Info Sheet | | | | |
| 2293-1 - CCC | 1 Example Private - For Profit Child Care Center | 0 | Not Submitted to State | Add View Edit Delete |
| 2293-2 - CCC | Site No 2 | 0 | Not Submitted to State | Add View Edit Delete |

↑ Top of Form

20. Click on the Sponsor Summary – Packet tab. When selected the Packet tab will be highlighted dark orange as shown below. A list of Off-Line forms will appear. Scroll to the bottom of the page and click on the word here in the sentence, “Click here to Update Dates on Off-Line Forms”.

↓ Bottom of Form

Sponsor Summary

1 Example Private - For Profit Child Care (2293)

| Packet | | Applications | Claims | Payments | Users | |
|--------|-----|----------------------------|--------|------------|------------------------|---------------|
| Item | Req | On-Line Forms Description | | Count/Date | Status | |
| 1 | * | Sponsor Information Sheet | | | Not Submitted to State | |
| 2 | * | Sponsor Budget Form | | | Not Submitted to State | |
| 3 | * | Center Information Sheets | | 1 of 1 | Not Submitted to State | |
| Item | Req | Off-Line Forms Description | | Date Sent | Date Received | Date Complete |
| 4 | * | Overlap Form | | | | |

For each form marked with an "*" enter the date the form was sent to the state.
 The "Date Sent" must be entered before the packet can be submitted to the state for approval.
 Click [here](#) to Update Dates on Off-Line Forms

↑ Top of Form

21. For each form marked with an asterisk (*) enter the date the form was sent to MDHSS-CFNA. When “Date Sent“ for all required forms are entered click Save.

Off-line Form Update

1 Example Private - For Profit Child Care (2293)

| Item | Req | Form Description | Date Sent | Date Received | Date Complete |
|------|-----|------------------|-----------|---------------|---------------|
| 1 | * | Overlap Form | | | |

NOTE: It is likely that you will have no items with an asterisk (*) beside it. In an effort to simplify the application renewal process the number of required documents has been reduced considerably.

22. The following sentence will appear below the list of forms on the Packet tab, “Check here and click on the “Save” button below to submit forms to the State for Approval.” Click on the box to check it and click Save.

↓ Bottom of Form

Sponsor Summary

1 Example Private - For Profit Child Care (2293)

| Packet | | Applications | Claims | Payments | Users |
|--------|-----|---------------------------|--------|------------|------------------------|
| Item | Req | On-Line Forms Description | | Count/Date | Status |
| 1 | * | Sponsor Information Sheet | | | Not Submitted to State |
| 2 | * | Sponsor Budget Form | | | Not Submitted to State |
| 3 | * | Center Information Sheets | | 1 of 1 | Not Submitted to State |

| Item | Req | Off-Line Forms Description | Date Sent | Date Received | Date Complete |
|------|-----|----------------------------|-----------|---------------|---------------|
| 4 | * | Overlap Form | | | |

Click [here](#) to Update Dates on Off-Line Forms

☒ Check here and click on the "Save" button below to submit forms to the State for Approval.
(Once the forms have been submitted to the State Agency, no additional changes can be made prior to Approval.)

[Save](#)

23. Make sure status is “Pending Approval”.

↓ Bottom of Form

Sponsor Summary

1 Example Private - For Profit Child Care (2293)

| Packet | | Applications | Claims | Payments | Users |
|--------|-----|---------------------------------------|--------|------------|------------------|
| Item | Req | On-Line Forms Description | | Count/Date | Status |
| 1 | * | Sponsor Information Sheet | | | Pending Approval |
| 2 | * | Sponsor Budget Form | | | Pending Approval |
| 3 | * | Center Information Sheets | | 1 of 1 | Pending Approval |
| 4 | | Forms Submitted to State for Approval | | 8/1/2012 | Pending Approval |

| Item | Req | Off-Line Forms Description | Date Sent | Date Received | Date Complete |
|------|-----|----------------------------|-----------|---------------|---------------|
| 5 | | Overlap Form | | | |

Click [here](#) to Update Dates on Off-Line Forms

☐ Check here and click on the "Save" button below for Approval of applications.

[Save](#)

NOTE: Once the forms have been submitted to the State Agency, no additional changes can be made prior to approval

24. Click on the Users tab and make sure the users listed are still the people that should have access to the system. To delete a user, send an email request to CACFP@health.mo.gov. To add a user, complete a Network User Access Request form found at http://www.health.mo.gov/living/dnhs_pdfs/CACFP-web-access.pdf. Keep user information up to date to ensure sponsor's information is secure!

↓ Bottom of Form

Sponsor Summary **1 Example Private - For Profit Child Care (2293)**

| Packet | Applications | Claims | Payments | Users |
|------------------|---------------------|----------------|------------|-------|
| User Name | E-mail Address | Phone Number | Last Login | |
| Imagood Director | imagoodd@123net.com | (573) 123-4567 | | |

↑ Top of Form

25. If Sponsor or Center Information sheets have errors, the following screen will display. Click [here](#) to return to the Sponsor Summary – Applications tab.

Post Confirmation

The **Sponsor Information Sheet** was posted to the database with a status of **Errors Detected**.

The form entered failed to pass the edit process because of either incomplete or incorrect information. These errors must be corrected before the form can be approved by DHSS. Please return to the entry form to review the errors and make the necessary corrections.

Click [here](#) to go to the Sponsor Information Sheet Listing or select another option from the menu above.

26. Click Edit in the Action column next to the sheet with errors.

| Form Name | Revision | Status | Date Approved | Action |
|---|----------|----------------------|---------------|--|
| Sponsor Info Sheet | 0 | Errors | | View Edit Delete |
| Center Info Sheet | | | | |
| 2291-1 1 Example Private - For Profit Child Care Center | | No Information Sheet | | Add |

↑ Top of Form

27. Errors are highlighted in red. At the beginning of each section will be a description of errors by field number and severity. Make corrections and re-submit.

| Section 5 - Validation Errors | | |
|-------------------------------|----------|---|
| Field No. | Severity | Description |
| 36 | 1 | Month Fiscal Year Begins is required. |
| 37 | 1 | Month Fiscal Year Ends is required. |
| 38 | 1 | Last Fiscal Year Federal Dollars Expended is required. |
| 39 | 1 | Current Fiscal Year expected Federal Dollars to be spent is required. |

Go to Section: [3](#) [5](#) [6](#) [7](#)

A-133 Audit Compliance

(36) Select the month your Fiscal Year **Begin**s: (37) **End**s:

(38) Enter the total amount of Federal dollars (including CACFP) that your organization expended during your last complete fiscal year?
(If the amount is over \$500,000.00, mail in a listing of federal grants and amounts received on the downloaded form.)

(39) What is the total amount of Federal dollars (including CACFP) that your organization expects to spend during the fiscal year you are currently in?
(If the amount is over \$500,000.00, mail in a listing of federal grants and amounts received on the downloaded form.)

Explanation of Fields

Most fields are self-explanatory. Read here for explanation of certain fields.

Sponsor Information Sheet:

Field (27) If this information is incorrect, you must contact state office to make correction.

General Information

(27) Type of Sponsoring Authority: **Private - For Profit** FEIN: 123456789

Field (28) You must check one. If you are a single center, check Independent Sponsor.

(28) Sponsoring Type: ☒ Independent Sponsor (One Center) ☐ Sponsoring Organization

Fields (38 & 39) Enter correct dollar amounts based on your records.

(38) Enter the total amount of Federal dollars (including CACFP) that your organization expended during your last complete fiscal year?
(If the amount is over \$500,000.00, mail in a listing of federal grants and amounts received on the downloaded form.)

(39) What is the total amount of Federal dollars (including CACFP) that your organization expects to spend during the fiscal year you are currently in?
(If the amount is over \$500,000.00, mail in a listing of federal grants and amounts received on the downloaded form.)

Center Information Sheet:

Field (36) Overlap capacity is number of extra children you can care for over license capacity.

Field (37) License number should be a 9 digit number.

Capacity Information

(34) Facility Capacity

(35) Does your facility have overlap approval? ☒ Yes ☐ No

(36) Overlap Capacity

Licensing Information

(37) License Number

(38) Effective Date

(39) Expiration Date

Field (45) Private - for profit centers may be eligible to participate in CACFP if 25% of enrolled children or of the license capacity is either DFS paid children or children qualified for free and reduced price meals based on Income Eligibility Forms. If eligibility is based on DFS paid children check *Title XX For-Profit*. If eligibility is based on number of free and reduced price children, check *F/RP For Profit*.

(45) Is this Center ☐ Title XX For-Profit ☒ F/RP For-Profit

(46) Title XX Beneficiaries (47) Free/Reduced (48) Eligibility **86.6%**

Field (47) The number of Free/Reduced should equal the numbers in fields (12 A&B)

| Enrollment Information | | (A) | (B) | (C) | (D) |
|------------------------|--|---------------------------------|--------------------------------|---------------------------------|-------|
| Program | | Free | Reduced | Paid | Total |
| (12) Child Care Center | | <input type="text" value="10"/> | <input type="text" value="3"/> | <input type="text" value="25"/> | 38 |

Fields (62-65) Complete only if Commercial Vendor is checked.

Type of Food Service

(60) Meal Preparation ☐ On Site ☐ Central Kitchen ☐ School ☒ Commercial Vendor

(62) Commercial Vendor Contract is ☒ Less than \$100,000.00 ☐ Greater than or Equal to \$100,000.00

Contract Information

(63) Vendor Name

(64) Contract Begin Date (65) Contract End Date

Mail copy of current contract to DHSS